DOCUMENT RESUME

ED 197 240 CG 014 887

AUTHOR Wahl, Otto F.; And Others
TITLE Attitudes Toward Mental Illness Among Mental Health Volunteers.
PUB DATE 28 Mar 80
NOTE 12p.; Paper presented at the Annual Meeting of the Southeastern Psychological Association (26th, Washington, DC, March 26-29, 1980).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Altruism; *Attitude Measures; *Beliefs; Individual Characteristics; *Mental Disorders; Mental Health Programs; Psychiatric Services; *Social Attitudes; *Stereotypes; *Volunteers

ABSTRACT

Many research efforts have demonstrated relationships between the experience of mental health volunteers and their attitudes toward mental illness. Questionnaire surveys were completed by adult volunteers in psychiatric and nonpsychiatric programs in order to assess general attitudes toward mental patients and to control for the potential effects of volunteerism on the attitudes of mental health volunteers. Results indicated that adult mental health volunteers in psychiatric programs had more positive attitudes toward mental illness than volunteers in nonpsychiatric programs. These results are consistent with the findings of studies with college students, suggesting that those who volunteer to work with psychiatric patients perceive the mentally ill to be "childlike unfortunates" who should be treated with a minimum of restrictive measures. Such positive attitudes do not appear to be artifacts of volunteerism, nor are they exclusive to college student volunteers. Thus, the widely held belief that mental health attitudes and mental health volunteerism are closely related is given empirical support. (Author/CS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED197240

ATTITUDES TOWARD MENTAL ILLNESS AMONG MENTAL HEALTH VOLUNTEERS

Otto F. Wahl
George Mason University

David Briggs
Harvard University

Thomas Zastowny
University of Rochester

Paper presented at the 26th Annual Meeting of the Southeastern Psychological Association in Washington, D.C., March 28, 1980.

CG 014887

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Otto Wahl

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

There has been a considerable amount of research attempting to demonstrate relationships between the experience of mental health volunteers and their attitudes toward mental illness. For example, college student volunteers have been found to have more "humanistic" views of mental illness than controls even prior to work with psychiatric patients (Iguchi & Johnson, 1966; Ralph, 1968). Moreover, they have been shown to become even more accepting of patients as a result of their experience (Iguchi & Johnson, 1966; Keith-Spiegel & Spiegel, 1970). The volunteer experience has also been found to lessen the adherence to stereotypes about mental patients, in the sense that patients came to be viewed in a more realistic way (Ralph, 1968; Kulik, Martin, & Schiebe, 1969; Chinsky & Rappaport, 1970; Keith-Spiegel & Spiegel, 1970). In short, these studies have tended to underscore the importanceof positive attitudes toward the mentally ill and the value of direct experience with psychiatric patients.

Two modestly troubling limitations exist within these studies, however. The first is that few of these studies have dealt with the general population; college students (including nursing and medical students) make up the bulk of subjects. Yet it is the attitudes of the broader public, the community, with which actual mental helath efforts must deal. The second limitation is that most studies of the attitudes of mental health volunteers do not control for the potential effects of volunteerism per se; mental health volunteers are typically compared only with non-volunteers. It was the purpose of the present investigation to add those neglected elements to the examination of the attitudes of mental health volunteers. In particular, we sought to assess the mental health attitudes of community volunteers working with psychiatric patients

and to compare them with the attitudes of another community group serving non-psychiatric populations.

Methodology

All individuals on the mailing lists of two upstate New York volunteer organizations were asked, by mail, to complete the Opinions About Mental Illness Scale (OMI), the Custodial Mental Illness Ideology Scale (CMI), and a data sheet containing mainly socio-demographic data. The two organizations were Compeer, through which volunteers befriend and interact with psychiatric patients, and Literacy Volunteers, through which volunteers teach reading, on a one-to-one basis, to illiterate members of the local community. Data were received from 228 Literacy Volunteers and 40 Compeer members, representing response rates of 57% and 46% respectively, 55% overall.

The OMI is a 51 item scale used to assess opinions about the nature, causes, and treatment of mental illness. Individuals respond to each item by checking one of six alternatives arranged in a Likert-type format. The scale yields five attitudinal factors derived through factor analysis. These factors, and sample items from each, are shown in Table A. The CMI consists of 20 Likert-type opinion statements designed to tap one's position on a single ideological continuum, the poles of which are labelled "Custodialism" and "Humanism". This continuum also is described in Table A.

Results

Sociodemographic characteristics of respondents are summarized in Table 1. Literacy Volunteers were significantly older than Compeer respondents; otherwise the groups were quite similar. Both groups tended to be well-educated, mature, and predominantly female; both also represented a fairly broad range of occupational roles. Thus, the groups seemed roughly comparable and seemed to constitute a true community (rather than college) sample.

Differences in the mean scores of attitude factors from the OMI and the CMI are summarized in Table 2. Compeers had higher OMI Benevolence scores than did Literacy Volunteers (52.5 vs. 49.9, p .01); they also scored higher on the OMI Mental Hygiene Ideology factor (34.3 vs. 31.8, p .01). In addition, there was a tendency for Compeers to be lower on the OMI Social Restrictiveness factor than were Literacy Volunteers (14.5 vs. 16.4, p .07). There was no significant difference between groups on the CMI scale.

Discussion

Mental health volunteers showed a stronger inclination than other volunteers to see psychiatric patients as childlike unfortunates (Benevolence), to have greater faith that, with better treatment resources, many patients could recover (Mental Hygiene Ideology), and to be less inclined to advocate restrictive measures for patients (Social Restrictiveness). While these attitudes may not be totally beneficial, they are generally considered as "positive". (E.G.: There are some clear negative consequences for patients of being viewed as childlike and in need of parental support and guidance; but it is still probably better to be perceived as a childlike unfortunate than as a sinful weakling of bad character.)

Thus, results are consistent with the findings of studies with college students in suggesting that those who volunteer and work with psychiatric patients have more "positive" views of the mentally ill. Moreover, such positive attitudes, it appears, are not associated only with college student volunteers; nor are they simply an artifact of volunteerism. The mature adult who gives up time to work with mentally ill persons has different, more positive, attitudes toward the mentally ill than do other adults who also volunteer but for work with non-psychiatric groups.

There are two obvious hypotheses which may account for these results. One is that more positive attitudes toward the mentally ill lead volunteers to work with psychiatric patients. Those individuals with equally altruistic motivation but less positive attitudes toward mental illness choose different, non-psychiatric, groups with whom to do volunteer work. Alternatively, the more positive attitudes of our mental health volunteers may be the result of their greater exposure to and interaction with psychiatric patients, consistent with previous studies showing that work with patients changes attitudes in positive ways. Although we are limited by the small size of our Compeer sample, we have begun some additional analyses (e.g., multiple regression analyses with length of Compeer experience as a major variable) which we hope will shed some light on the cause vs. effect question. Even without this additional data, however, our results support the widely held belief that mental health attitudes and mental health volunteering are closely related.

Table A
OMI and CMI Factors

OMI factor	Description	Sample items
Authoritarianism	Reflects a conceptualization of mental patients as distinctly different from, and inferior to, normal people.	It is easy to recognize someone who once had a serious mental illness.
Benevolence	Reflects a kindly, paternalistic view toward patients as childlike unfortunates who need encouragement and nurturance.	Patients in mental hospitals are in many ways like children.
Mental Hygiene Ideology	Reflects a more positive and optimistic view of mental illness and treatment.	If our hospitals had enough well-trained doctors, nurses, and aides, many of the patients would get well enough to live outside the hospital.
Social Restrictiveness	Reflects a belief that mental patients are a threat to society and must therefore be restricted in their functioning both during and after hospitalization.	Although patients discharged from mental hospitals may seem all right, they should not be allowed to marry.
Interpersonal Etiology	Reflects a belief that mental illness arises from interpersonal experience, particularly deprivation of parental love and attention during childhood.	If parents loved their children more, there would be less mental illness.

CMI factor*	Description	Sample items*
Custodialism	Involves a view of patients as distinctly different from normals and of hospitals as places of detention and safekeeping.	As soon as a person shows signs of mental disturbance he should be hospitalized.
Humanism	Involves a view of the patient as an individual whose human needs must be respected and of hospitals as therapeutic communities.	Mental illness is an illness like any other.

*N.B.: The "factors" are not true factors at all, but two poles of a single continuum. The sample items are those keyed to each pole.

Additional sample items

Authoritarianism:	A heart patient has just one thing wrong with him, while a mentally ill person is completely different from other patients. One of the main causes of mental illness is a lack of moral strength or will power.
Benevolence:	Even though patients in mental hospitals behave in funny ways, it is wrong to laugh at them. More tax money should be spent in the care and treatment of people with severe mental illness.
Mental Hygiene Ideology:	Most patients in mental hospitals are not dangerous. Most mental patients are willing to work. Many mental patients would remain in the hospital until they were well even if the doors were unlocked.
Social Restrictiveness:	A woman would be foolish to marry a man who has had a severe mental illness, even though he seems fully recovered. Most women who were once patients in a mental hospital could (not) be trusted as baby sitters.
Interpersonal Etiology:	Mental patients come from homes where the parents took little interest in their children. The mental illness of many people is caused by the separation or divorce of their parents during childhood.
Custodialism	Abnormal people are ruled by their emotions; normal people by their reasons. We can make some improvements, but by and large the conditions of mental hospital wards are about as good as can be considering the type of disturbed patients living there.
Humanism	Patients are often kept in the hospital long after they are well enough to get along in the community. When a patient is discharged from a hospital, he can be expected to carry out his responsibilities as a citizen.

Table 1

Characteristics of Subjects

Sex	Compeers		Literacy Volunteers
Males	12		38
Females	28		190
Total N	40		228
Age			
Mean	36.9	**	46.7
S.D.	14.7		14.7
Education			
Grade School	-		1
Junior High School	-		-
Partial High School	3		2
High School Graduate	5		18
Partial College, Speciality Training	16		70
College Graduate	11		90
Graduate, Professional Training	5		47
Religion			
Catholic	12		69
Protestant	15		119
Jewish	4		6
Other	4		21
Not reported	5		13
Occupation[a]			
Higher executives, proprietors of large businesses, and major professionals	2		11
Administrators, lesser professionals, proprietors of medium-sized businesses, and graduate students	2		28
Smaller business owners, farm owners, managers, and minor professionals	4		40
Technicians, semiprofessionals, small business owners, and students	21		36
Clerical and sales workers, small farm and business owners	1		16
Smaller business owners, skilled manual workers, craftsmen, and tenant farmers	1		7
Machine operators and semiskilled workers	1		2
Unskilled workers	-		-
Farm laborers, menial service workers	-		3
Not reported	8		85

Exposure to Mental Illness	Compeers	Literacy Volunteers
Educational experience		
4 or more Psychology courses	10	28
3 Psychology courses	5	25
2 Psychology courses	6	35
1 Psychology course	5	54
Personal experience		
psychiatric difficulties	15	57
psychiatric treatment	15	49

**p<.01, two-tailed t

[a]Categories taken from Hollingshead, A. B. "Four factor index of social status." Unpublished manuscript.

Table 2

Group differences in OMI and CMI attitude scores

OMI Factor	Compeers Mean	Compeers S.D.	Literacy Volunteers Mean	Literacy Volunteers S.D.	two-tailed t	p<
Authoritarianism	15.8	6.9	15.4	5.7	.44	ns
Benevolence	52.5	6.0	49.9	5.5	2.66	.01
Mental Hygiene Ideology	34.3	4.3	31.8	4.4	3.20	.01
Social Restrictiveness	14.5	5.9	16.4	5.7	-1.79	.07
Interpersonal Etiology	15.2	5.2	15.8	4.6	-.t6	ns
CMI Factor						
Custodialism (CMI)	29.8	4.7	30.4	4.3	-.79	ns

Paper references

Chinsky, J.M. & Rappaport, J. Attitude change in college students and chronic patients: A dual perspective. Journal of Consulting and Clinical Psychology, 1970, 35, 388-394.

Hollingshead, A.B. Four factor index of social status. Unpublished manuscript.

Iguchi, M.T. & Johnson, R.C. Attitudes of students associated with participation in a mental hospital volunteer program. Journal of Social Psychology, 1966, 68, 107-111.

Keith-Spiegel, P. & Spiegel, D.E. Effects of mental hospital experiences on attitudes of teenage students toward mental illness. Journal of Clinical Psychology, 1970, 26, 387-388.

Kulik, J. A., Martin, R.A., & Schiebe, K.E. Effects of mental hospital volunteer work on students' conceptions of mental illness. Journal of Clinical Psychology, 1969, 25, 326-329.

Ralph, D.E. Attitudes toward mental illness among two groups of college students in a neuropsychiatric hospital setting. Journal of Consulting and Clinical Psychology, 1968, 32, 98.

Additional references

Cohen, J. & Struening, E.L. Opinions about mental illness in the personnel of two large mental hospitals. Journal of Abnormal and Social Psychology, 1962, 64, 349-360.

Gilbert, D.C. & Levinson, D.J. Ideology, personality, and institutional policy in the mental hospital. Journal of Abnormal and Social Psychology, 1956, 53, 263-271.

Rabkin, J.G. Public attitudes toward mental illness: A review of the literature. Schizophrenia Bulletin, Fall 1974, 10, 9-33.

Wahl, O.F., Zastowny, T., & Briggs, D. A factor analytic reexamination of two popular surveys of mental health attitudes. Multivariate Experimental Clinical Research, in press.